

Exhibit 9



SHASTA COUNTY SHERIFF

Eric Magrini
SHERIFF - CORONER

VERDICT OF DEATH (WITHOUT JURY)

Case Number: C20-0876

In the matter of the death of Dolores C Hernandez, a 59 year old female. I, Logan Stonehouse, Chief Deputy Coroner, have inquired into the circumstances of her death and do certify that she was declared deceased on the 2nd day of December 2020.

The decedent died at: 913 Dana Drive, Redding, Shasta County, CA

The death was caused by: Multiple gunshot wounds

Other significant conditions: None

Manner of death was: Homicide

Vickie Vincent, Deputy Coroner, conducted the investigation and established the identity of the decedent. A postmortem examination was conducted by Dr. Deirdre Amaro, M.D., Forensic Pathologist.

In Witness Whereof, I have hereunto set my hand this
13 day of APRIL, 2021

A blue ink signature of Logan Stonehouse, written in a cursive style.

Logan Stonehouse, Chief Deputy Coroner



SHASTA COUNTY SHERIFF

Eric Magrini
SHERIFF - CORONER

REPORT OF AUTOPSY

DECEDENT: Dolores Hernandez

CASE: C20-0876

DATES: 12/08/2020

TIME: 0900

PERSONS PRESENT AT AUTOPSY:

Pathologist Assistants: Deputy Coroner Investigators, V. Vincent and P. Wacker

Representative from SCSO ID: C. Leadingham

Representative from SCSO MCU: J. Hambly

CAUSE OF DEATH: Multiple gunshot wounds.

AUTOPSY SUMMARY:

- I. Officer involved shooting
- II. Multiple gunshot wounds
 - a. Penetrating gunshot wound of back
 - i. Entrance: Left mid back
 - ii. Trajectory: Back to front, sharply upward, left to right
 - iii. Recovery: Jacketed missile, right neck
 - iv. Associated injuries: Soft tissue hemorrhage, graze across thoracic spine, right hemothorax (100 mL), fractured ribs
 - b. Penetrating gunshot wound of left torso
 - i. Entrance: Lateral left torso
 - ii. Trajectory: Left to right, sharply upward, slightly back to front
 - iii. Recovery: Right neck
 - iv. Associated injuries: Soft tissue hemorrhage, left hemothorax (700 mL), perforated left lung, perforated trachea and common jugular vein (left)
 - c. Perforating gunshot wounds of left arm/chest
 - i. Entrances: Left arm
 - ii. Exits: Upper left chest
 - iii. Recovery: None
 - iv. Trajectory: Left to right, back to front
 - v. Associated injuries: Soft tissue hemorrhage, shattered left humerus
 - d. Perforating gunshot wound of left neck
 - i. Entrance: Anterolateral left neck
 - ii. Exit: Upper right neck

- iii. Recovery: None
- iv. Trajectory: Left to right, slightly back to front
- v. Associated injuries: Soft tissue hemorrhage, lacerated thyroid gland
- e. Perforating gunshot wound of right arm/chest
 - i. Entrance: Upper right chest (may represent re-entrance)
 - ii. Exit: Right upper arm
 - iii. Recovery: None
 - iv. Trajectory: Left to right, slightly downward, slightly front to back
 - v. Associated injuries: Soft tissue hemorrhage
- f. Gunshot wound of right thumb
- g. Tangential gunshot wound of chin
 - i. Entrance: Left chin
 - ii. Exit: Right chin
 - iii. Recovery: Minute fragments
 - iv. Trajectory: Left to right
 - v. Associated injuries: Fractured mandible
- III. Status post kidney transplant
- IV. Toxicology (blood)
 - a. Ethanol = None detected

SUMMARY&OPINION:

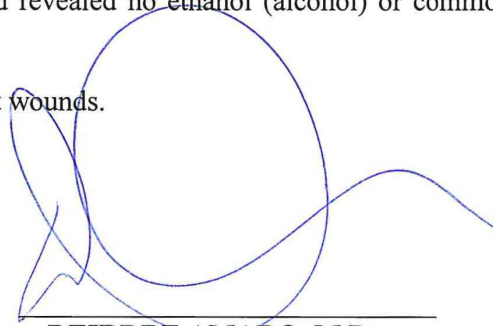
According to reports, this 59 year-old woman, Dolores Hernandez, was the driver and sole occupant of a vehicle the struck a law enforcement officer. She was shot and died at the scene.

Video footage provided indicates she was shot at a total of 7 times, breaking the driver side car window.

Autopsy revealed an adult female with multiple gunshot wounds. The bullets broke her jaw (mandible) and left upper arm, damaged structures in her neck, and tore through her left lung with the resultant accumulation of blood in her left chest cavity (hemothorax).

Postmortem toxicologic analysis of femoral blood revealed no ethanol (alcohol) or commonly abused illicit drugs.

In summary, the cause of death is multiple gunshot wounds.



DEIRDRE AMARO, M.D.
FORENSIC PATHOLOGIST

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The autopsy is authorized by Eric Magrini, Sheriff-Coroner of Shasta County.

IDENTIFICATION: The body is identified by a yellow body bag inscribed with the decedent's name and case number and sealed with red seal #051969.

CLOTHING: The body is received clad in black zip up sweater, black pants, black/white underwear, black tank top, white sports bra, and single black sandal. The hands are initially bagged.

EVIDENCE OF MEDICAL INTERVENTION: EKG pads are present.

EXTERNAL EXAMINATION:

GENERAL: The body is that of a normally developed, obese older adult female who appears consistent with the reported age and height of 59 years and 5 feet 7 inches, respectively. Weight appears more than the reported value of 170 pounds. The body is cool (due to refrigeration). Rigidity is partially fixed in the extremities and unable to be assessed in the jaw. Livor mortis is barely discernible across the posterior surfaces of the body, except in areas exposed to pressure. There is no evidence of postmortem change, attention from a mortician, or organ/tissue procurement.

HEAD: See "Evidence of Injury". The scalp is covered with long gray-brown hair. The ears are normally configured and free of drainage. The eyes are normally set, and the corneas are clear. The irides appear brown. The pupils are round. The sclerae are white. The conjunctivae are translucent, and no petechiae are identified in the bulbar or palpebral conjunctivae, facial skin, or oral mucosa. The nose is intact, and the nares are unobstructed. The lips are normally formed. The dentition is natural and in adequate condition.

NECK: See "Evidence of Injury". The neck is normally formed.

CHEST AND ABDOMEN: See "Evidence of Injury". The thorax is well-developed and symmetric, without palpable masses. The breasts are soft and symmetric, without palpable masses. Axillary adipose is prominent. The abdomen is soft and obese, without palpable masses. Faint abdominal striae are present.

EXTERNAL GENITALIA: The atraumatic external genitalia are those of a normal adult female.

BACK: See "Evidence of Injury". The spine is normally formed. The surface of the back is free of lesions. The anus is atraumatic.

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EXTREMITIES: See "Evidence of Injury". The upper extremities are well-developed and symmetric, without absence of digits. No ventral wrist scars, track marks, or acute needle punctures are identified. The fingernails extend neatly past the fingertips and are fairly clean. The lower extremities are symmetric and free of edema, amputations, and deformity. The toenails are trimmed short and are clean.

IDENTIFYING MARKS (SCARS AND TATTOOS):

1. Scar—Anterior right knee, linear and obliquely oriented, 3 cm.
2. Scar—Right lower abdomen, linear and obliquely oriented, hyperpigmented, 15 cm.
3. Scar—Supraumbilical, linear and vertically oriented, 4 cm.
4. Scar—Upper abdomen, linear and horizontally oriented, 3 cm.
5. Possible scar—Distal anterior left upper arm/antecubital fossa, curvilinear and longitudinally oriented, 11 cm.
6. Scar—Right antecubital fossa, ovoid, 1 x 0.3 cm.
7. Scar—Dorsal left hand, linear and obliquely oriented, 1.7 cm.
8. Scar—Lateral right wrist, linear and longitudinally oriented, 4.5 cm.

EVIDENCE OF INJURY:

Full body radiographs document a radiodense object consistent with large missile fragments in the upper right chest/neck (x2) and right breast (x1) which at autopsy was determined to be between layers of clothing. Radiodense objects consistent with small fragments are identified at the chin, right hand, and left shoulder. Fractured proximal left humerus and mandible are documented.

PENETRATING GUNSHOT WOUND OF BACK:

ENTRANCE:

On the left back, centered 7 cm left of posterior midline and 13 cm below the top of the shoulder/neck, is an entrance gunshot wound consisting of a 1.9 x 1 cm ovoid defect with marginal pink-red abrasion up to 1 cm wide at the 7 to 8 o'clock position. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wound.

PATH:

The hemorrhagic wound tract sequentially perforates the skin and subcutaneous tissue of the mid left back, underlying skeletal muscle, spinous process of mid thoracic region with graze across posterior right ribs (paraspinal), and skeletal muscles of the posterolateral right neck. The wound tract penetrates the soft tissues of the posterolateral right neck.

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ASSOCIATED INJURIES:

Focal spinal subarachnoid hemorrhage, soft tissue hemorrhage, fractured posterior right ribs with subpleural hemorrhage, 100 mL right hemothorax, pulmonary contusions.

Additionally, a partial thickness linear laceration extends obliquely superolateral to the entrance wound.

EXIT:

None.

RECOVERY:

Within the soft tissues of the posterolateral right neck, is recovered a fairly intact jacketed missile associated with dark colored fabric consistent with the decedent's clothing.

TRAJECTORY:

The wound travels from the decedent's back to front, left to right, and sharply upward.

CLOTHING:

On the mid back panel of the decedent's black hoodie and the left back panel of the decedent's black tank top, are, respectively, a 2.8 x 2 cm and a 2 x 1.4 cm defect which likely correspond to the entrance wound. The fabric appears blood-stained, but definite soot and stippling are not identified. Additionally, an irregular defect (0.6 x 0.7 cm) involves the left-most posterior bra strap of the decedent's blood-stained sports bra, which likely corresponds to this entrance wound.

RANGE:

Indeterminate.

PENETRATING GUNSHOT WOUND OF LEFT TORSO:

ENTRANCE:

At the upper left torso centered approximately 5 cm below the left axilla and 8 cm posterior to the lateral midline, is an entrance gunshot wound consisting of a sharply angled 2 x 1 cm ovoid defect. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wound.

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PATH:

The hemorrhagic wound tract sequentially perforates the skin and subcutaneous tissue of the left torso/axillary region, underlying skeletal muscles, upper left chest cavity (lateral), left upper lung lobe, upper chest cavity, and anterior neck structures including trachea and left jugular vein. The tract penetrates the subcutaneous tissue of the base of the anterolateral left neck.

ASSOCIATED INJURIES:

Soft tissue hemorrhage with hematoma formation, fractured ribs (left), left hemothorax (700 mL), pulmonary contusions.

EXIT:

None.

RECOVERY:

A minimally deformed jacketed missile is recovered from with the subcutaneous soft tissue at the anterolateral base of the neck (right).

TRAJECTORY:

The wound tract travels from the decedent's left to right, sharply upward, and slightly back to front.

CLOTHING:

At the back left panel of the decedent's black hoodie and the mid back panel of the decedent's black tank top are, respectively, a 3 x 2 cm and a 2.5 x 2.1 cm defect which likely correspond to this entrance wound. The dark fabric appears blood-stained, but definite soot and stippling are not identified.

RANGE:

Indeterminate.

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PERFORATING GUNSHOT WOUNDS OF LEFT ARM/CHEST:

ENTRANCE:

On the proximal left upper arm, centered approximately 22 cm above the left elbow and at posterior midline and 2 cm lateral, is a pair of entrance gunshot wounds separated by 2.2 cm consisting of a 2 x 1.3 cm ovoid defect with broad pink abrasion at the 10-11 o'clock position and a 1.8 x 1.4 cm defect with irregular marginal abrasion. Soot, searing, and muzzle imprint are not identified on the skin surrounding the wounds. However, innumerable punctate pink-red contusions and lacerations extend from the lateral shoulder to nearly the posterior elbow; these are interpreted as pseudostippling.

PATHS:

The hemorrhagic wound tracts sequentially perforate the skin and subcutaneous tissue of the proximal lateral left upper arm, underlying skeletal muscle, proximal left humerus, skeletal muscle, and subcutaneous tissue and skin of the upper left chest near the clavicle.

ASSOCIATED INJURIES:

Shattered left humerus, soft tissue hemorrhage.

EXIT:

On the upper left chest, just above the mid clavicle, is a pair of exit gunshot wounds separated by 2.9 cm consisting of a 1.7 cm gaping but reapproximatable lacerations. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wounds, though faint, indistinct mauve contusions are present.

RECOVERY:

None.

TRAJECTORY:

The wound tracts travel from the decedent's left to right, back to front.

CLOTHING:

On the proximal left sleeve panel of the decedent's black hoodie and at the upper left front panel near the hood, are multiple defects which likely correspond to these entrance and exit wounds. Definite soot, searing, and stippling are not identified on the dark fabric.

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RANGE:

Indeterminate.

PERFORATING GUNSHOT WOUND OF LEFT NECK:

ENTRANCE:

On the left neck centered approximately 7.5 cm below the inferior attachment of the left ear and 6.5 cm left of anterior midline (as measured along curvature of neck), is an entrance gunshot wound consisting of a 1.8 x 1 cm irregular defect with irregular marginal red-brown abrasion up to 1 cm at the 2 to 3 o'clock position. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wound.

PATH:

The superficial but hemorrhagic wound tract sequentially perforates the skin and subcutaneous tissue of the anterolateral left neck, proximal strap muscles (left), and subcutaneous tissue and skin of the upper right neck/underside of chin. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wound.

ASSOCIATED INJURIES:

Soft tissue hemorrhage, focally lacerated and hemorrhagic thyroid gland, hematoma formation.

EXIT:

On the upper right neck, underside of chin, centered approximately 5 cm right of anterior midline, is an exit gunshot wound consisting of a 2.7 cm reapproximatable laceration. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wound.

RECOVERY:

None.

TRAJECTORY:

The wound tract travels from the decedent's left to right and slightly back to front.

RANGE:

Indeterminate.

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PERFORATING GUNSHOT WOUND OF RIGHT ARM/CHEST:

ENTRANCE:

On the upper right chest near the clavicle, centered 2.5 cm lateral to the base of the neck, is an entrance gunshot wound consisting of a 1 x 1.2 cm ovoid defect. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wound. This may represent a re-entrance from the Perforating Gunshot Wound of Left Neck.

PATH:

The hemorrhagic wound tract is fairly superficial along the upper right chest and sequentially perforates the skin and subcutaneous tissue of the upper right chest, skeletal muscles around the right shoulder, and subcutaneous tissue and skin of the proximal lateral right upper arm.

ASSOCIATED INJURIES:

Soft tissue hemorrhage.

Additionally, overlying the superficial tract is a faint rectilinear band of mauve contusion and two patches of abrasion. Medially (at anterior right shoulder) is a 4 x 2 cm red-brown abrasion; laterally (at proximal anterior right upper arm), is a 2 x 1 cm pink-orange abrasion.

EXIT:

On the lateral right upper arm, centered 12 cm above the right elbow and 5 cm lateral to posterior midline, is an exit gunshot wound consisting of a 2 cm nearly longitudinally oriented reapproximatable laceration. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the wound.

RECOVERY:

None.

TRAJECTORY:

The wound tract travels from the decedent's left to right, slightly downward, slightly front to back.

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CLOTHING:

On the upper front right panel of the decedent's black hoodie is a cluster of defects which likely correspond to this entrance gunshot wound. On the proximal right sleeve panel is a 2.2 x 1 cm defect which likely corresponds to this exit wound. Soot and searing are not identified on the dark fabric.

RANGE:

Indeterminate.

GUNSHOT WOUND OF RIGHT THUMB:

At the base of the right thumb (posterior), is an entrance gunshot wound consisting of a 1.5 x 0.7 cm ovoid defect with lacerations radiating proximally from the 10 and 12 o'clock positions. The likely exit, represented by longitudinally oriented full thickness lacerations, is near the tip of the thumb, which remains attached via soft tissue only. Soot, searing, stippling, and muzzle imprint are not visible on the skin surrounding the entrance wound. This may represent a re-entrance and re-exit.

Associated injuries include a nearly longitudinally oriented full thickness laceration across the medial aspect of the right middle finger and fractured thumb.

The wound travels from the decedent's back to front, right to left, and downward.

Minute missile fragments are recovered from within the wound.

Corresponding defects are not identified in clothing.

Range is indeterminate.

TANGENTIAL GUNSHOT WOUND OF CHIN:

On the left side of the decedent's chin is a gaping full thickness laceration with reapproximatable roughly 1.5 x 1.5 cm circular defect interpreted as entrance gunshot wound. A full thickness laceration with exposed, fractured mandible, extends nearly horizontally across the chin with numerous tangential lacerations extending to the right (and skin tags pointing left).

Soot, searing, and muzzle imprint are not visible on the skin surrounding the wounds. Multiple minute missile fragments are recovered from within the gaping chin wound.

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The left face is nearly covered with innumerable punctate pink-red contusions and superficial lacerations interpreted as pseudo-stippling.

Along the left jawline, near the chin, is a pair of connected, full thickness but superficial semilunar lacerations.

Along the right jawline, towards the chin underside, is a full thickness laceration (2.7 cm) which may represent partial exit.

The trajectory is sharply left to right, and the range is interpreted as indeterminate.

INTERNAL EXAMINATION:

BODY CAVITIES: See "Evidence of Injury". Approximately 700 mL of partially clotted blood is recovered from the left chest cavity; approximately 100 mL of liquid bloody fluid is recovered from the right chest cavity. Focal adhesions surround the pelvic kidney and are noted at the gallbladder bed. Otherwise, the serosal surfaces are smooth, intact, and glistening, without adhesions. All body organs are in normal and anatomic position. The diaphragm is intact.

HEAD: The scalp is free of hemorrhage. The calvarium and the base of the skull are normally configured. The dura is intact, and there is no epidural hemorrhage.

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1,260 grams. The leptomeninges are glistening and translucent over normally developed cerebral hemispheres which display no hemorrhage, contusions, or exudate. There is a normal gyral pattern without discernible atrophy. The arteries at the base of the brain are normally configured and widely patent. No aneurysms are identified. Coronal sections through the hemispheres, brainstem, and cerebellum reveal no mass lesions. The internal structures are symmetric.

NECK: See "Evidence of Injury". Layered anterior neck dissection reveals no abnormalities of the tongue. The hyoid bone and cartilaginous structures of the larynx and trachea are normally formed. The uninjured trachea is lined by smooth pink-tan mucosa, and the lumen contains mucoid bloody fluid. The cervical spine is stable to internal palpation.

CARDIOVASCULAR SYSTEM: The heart weighs 440 grams and is slightly enlarged, dilated. The pericardial and epicardial surfaces are smooth and glistening. The coronary arteries arise normally, follow the distribution of the right dominant pattern, and are widely patent. The proximal right coronary artery displays myocardial bridging into the right atrium near the atrioventricular junction. The chambers and valves are proportionate. The endocardium is intact, smooth, and glistening. The cardiac valve leaflets are of normal number, thin, pliable, intact, and free of vegetations and degenerative changes. The myocardium is uniformly red-brown and free of focal or regional fibrosis, pallor, hyperemia, or softening.

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The left ventricle, right ventricle, and interventricular septum measure 1.4 cm, 0.2 cm, and 1.2 cm, respectively. The atrial and ventricular septa are intact. The aorta and its major branches arise normally and follow the usual course with mild atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM: See "Evidence of Injury". The right and left lungs weigh 380 and 280 grams, respectively, and have the usual lobation. There is mild anthracosis. The upper and lower airways are lined by smooth pink-red mucosa and contain bloody fluid but no foreign material. The uninjured pulmonary parenchyma is pink-red and exudes minimal blood and frothy fluid on sectioning. No regions of consolidation, infarct, tumor, consolidation, or gross fibrosis are identified. The pulmonary arteries are normally developed and patent without thrombus or emboli.

HEPATOBIILIARY SYSTEM: The liver weighs 1,380 grams. The hepatic capsule is smooth over brown-yellow parenchyma without hemorrhage, mass, or palpable fibrosis. Greasy residue is imparted to the knife upon sectioning. The gallbladder is not identified.

ALIMENTARY TRACT: The esophagus is lined by tan-white mucosa and contains some mucoid bloody fluid. The gastroesophageal junction is intact; no tears or varices are identified. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains some watery light brown fluid. The duodenal mucosa is intact. The small and large intestines are unremarkable to inspection and palpation. The appendix is present. The pancreas has a normal, tan, lobulated appearance with fatty infiltration.

GENITOURINARY TRACT: The right and left kidneys weigh 20 grams, each, and are shrunk and dysplastic with roughened surfaces, markedly thinned cortices, and increased hilar fat. A third kidney overlies the right iliopsoas muscle, weighs 200 grams, and has an intact capsule that does not strip with ease from the underlying firm, finely granular, brown surface. There is the usual corticomedullary structure without tumors or cysts. The pelves and ureters are non-dilated and free of stones. The urinary bladder contains no urine; the mucosa is intact and non-erythematous. The fallopian tubes, ovaries, and uterus including cervix are not identified. The vaginal vault is atraumatic.

HEMOLYMPHATIC SYSTEM: The spleen weighs 100 grams and has a smooth intact capsule covering diffuent mauve parenchyma. The splenic white pulp is grossly indiscernible.

Pathologically enlarged lymph nodes of the neck, chest, or abdomen are not identified.

ENDOCRINE SYSTEM: See "Evidence of Injury". The pituitary gland is not enlarged. The thyroid gland is of normal position and texture; the uninjured parenchyma is uniformly red-brown and firm. The adrenal glands have normal cut surfaces with yellow cortices and gray medullae.

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MUSCULOSKELETAL: See "Evidence of Injury". The bony framework, supporting musculature, and soft tissues are not unusual. The skeletal muscle is marbled pink-yellow and fairly firm. There is abundant subcutaneous adipose tissue.

SPECIMENS RETAINED:

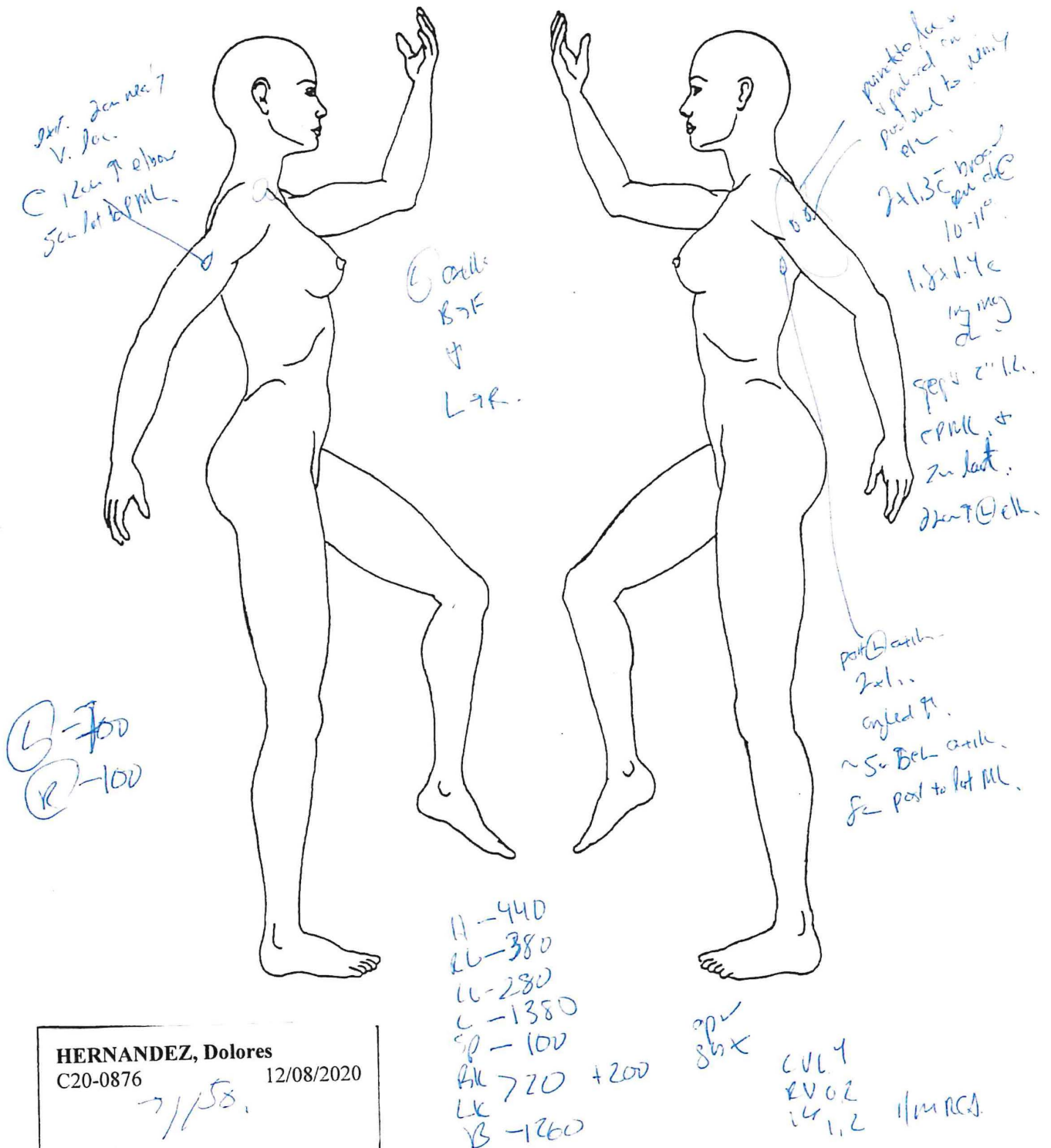
TOXICOLOGY: Samples of femoral blood, chest (left) blood, and vitreous humor are retained for toxicology. Blood is sent for basic toxicologic analysis and Title XVII testing.

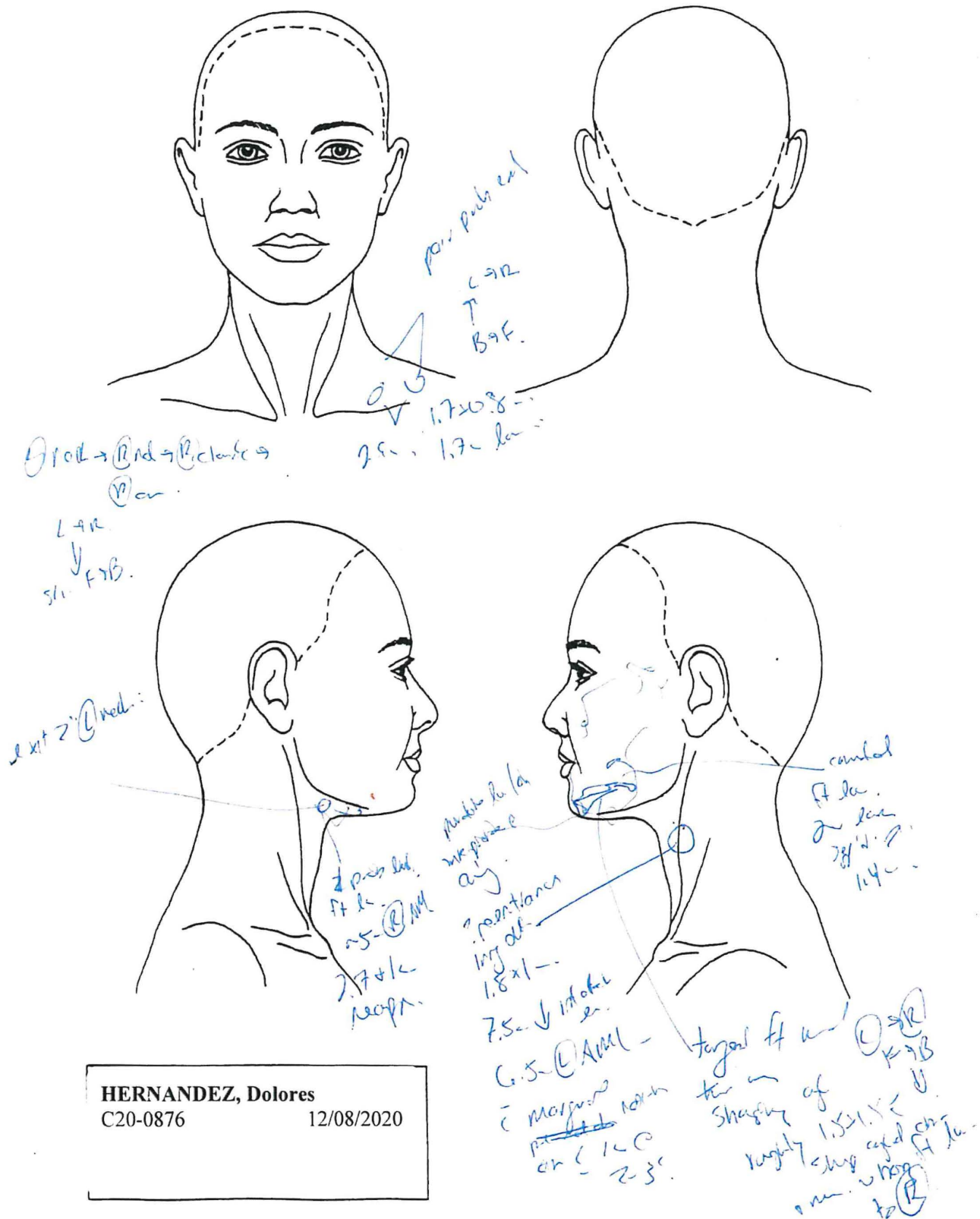
HISTOLOGY: Representative sections of organs and tissues are retained. No sections are submitted for histology.

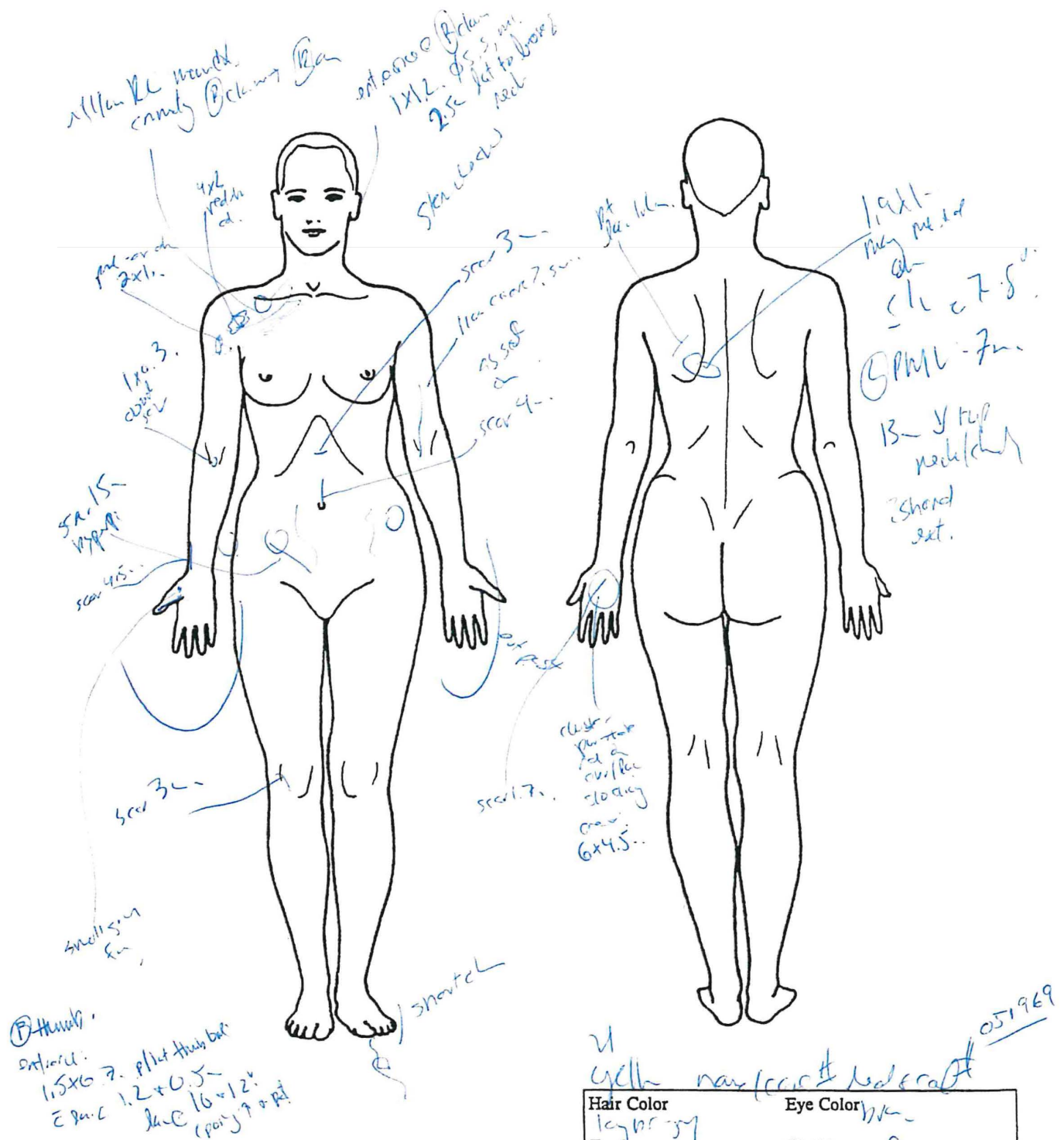
PHOTOGRAPHS: Digital identification photographs, overall external body photographs, and some internal photographs are taken.

RADIOGRAPHS: Full body radiographs are taken.

OTHER: Buccal swabs and fingernail clippings are taken (by SCSO ID). Three deformed jacketed missiles are recovered (upper right chest x 2) and within the decedent's clothing (x 1). Minute fragments are recovered from the chin wound and the right hand wound.





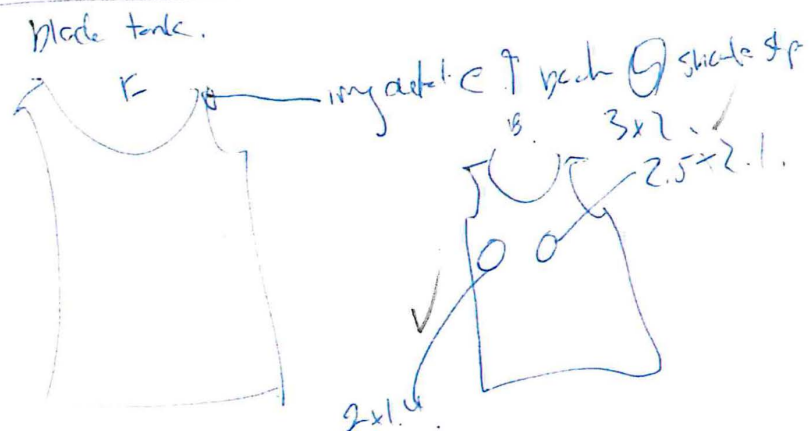
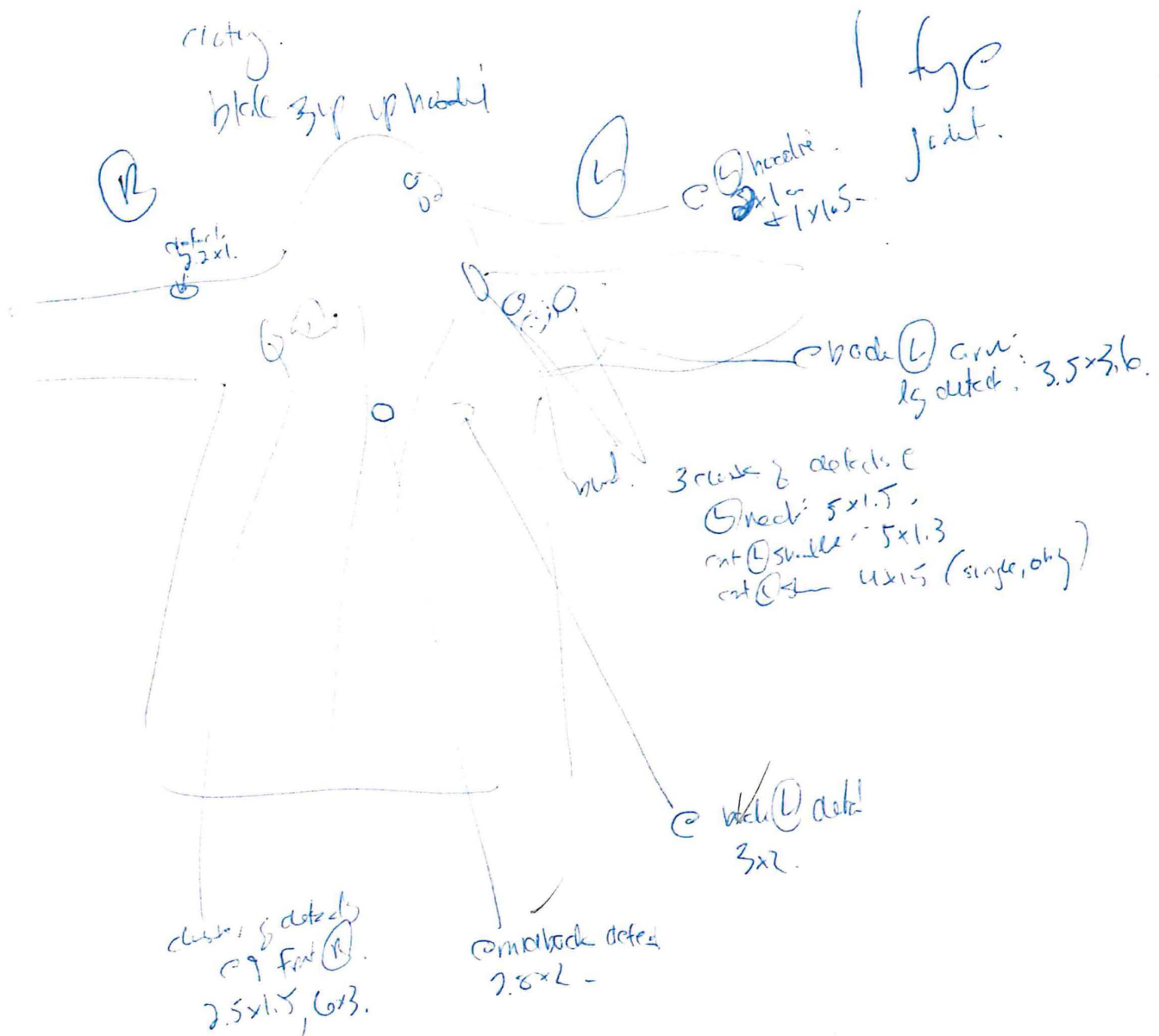


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HERNANDEZ, Dolores
C20-0876 12/08/2020

0876 W/PW
Gm CE/JH.

Hair Color	Eye Color
Teeth	Clothing
Height	
Weight	
Rigor	
Livor	



white ^{other} foot ^{shoes} ^{heavy} ^{blow}

my defense had @ stop. C.6x6.9.